



**Drug Recognition Expert School**  
**Candidate Application**  
**Location: Missouri State Highway Patrol Academy**

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**Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Department:** \_\_\_\_\_

**Position:** Road Officer - Deputy / DWI Unit / Traffic Unit / Other: \_\_\_\_\_  
(Specify)

**Dept. Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Department Phone:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**POST #** \_\_\_\_\_

Prerequisites for DRE School:

*Candidate must have 3 years of full-time law enforcement experience and at least 36 career DWI arrests, OR if less than 3 year of law enforcement experience at least 72 career DWI arrests.*

**Years of Law Enforcement Experience:** \_\_\_\_\_

**Approximate # of career DWI arrests:** \_\_\_\_\_

**Department of Health Permit:**    Type II            Type III            None

**24 Hr SFST Training:**                            Yes    No    **Date:** \_\_\_\_\_

**ARIDE (Required within last 3 years)**                            **Date:** \_\_\_\_\_

**Two Recent Adjudicated DWI Reports Included** \_\_\_\_\_

**DRE Commitment Pledge Completed** \_\_\_\_\_



# **Drug Recognition Expert School Candidate Application**

## **Location: Missouri State Highway Patrol Academy**

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School applying for (Indicate with a check)

\_\_\_\_\_ March 15-26, 2021. Field Certifications Location TBD (Pending site availability)  
March 31st-April 5th, 2021  
**Deadline for Application: January 8th, 2021**

\_\_\_\_\_ August 16 - 27th, 2021. Field Certifications in Maricopa Co, AZ (Pending site availability)  
August 29th-September 3rd, 2021  
**Deadline for Application: June 25, 2021**

I understand the DRE School has an academic dress code and attendance is required for all hours, including field certification, which will be held at the Maricopa County jail, in Phoenix, Arizona. I will follow the rules and policies of the Missouri State Highway Patrol Academy and will adhere to the guidelines of the school set forth by the Course Manager. I understand if I fail to comply with these rules, I may be dismissed from the school. I understand enrollment in this course is strictly determined by the Course Manager and the Missouri State DRE / SFST Advisory Board. **It is my understanding as a Missouri DRE, I may be called upon to assist another agency, outside of my current jurisdictional boundaries, due to the additional knowledge and training I've received as a Missouri DRE.**

\_\_\_\_\_  
Candidate (Print and Sign)

**Department's Chief or Sheriff Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

For further information please see the [Missouri Safety Center](#) website or the [Missouri State Drug Recognition Expert](#) website.

Completed applications should be sent to [Corporal Ryan Hutton ryan.hutton@mshp.dps.mo.gov](mailto:Corporal Ryan Hutton ryan.hutton@mshp.dps.mo.gov).



## DRE Commitment Pledge

I, \_\_\_\_\_, understand and acknowledge that before I can be accepted in the Missouri DRE training program as a DRE Candidate I must commit to the following:

1. Complete all phases of the DRE training.
2. Complete recertification upon expiration of each preceding DRE certification period.
3. Maintain all DRE issued equipment in good working order.
4. Complete and submit all reports required of a DRE officer in a timely manner (within 30 days of the date of the evaluation).
5. Enter toxicology reports in a timely manner.
6. Be willing to respond, when needed by other officers, in or around my county that are requesting my services.
7. If I do not complete two recertification cycles (four years from initial certification date), I will return all issued DRE equipment back to the DRE Program.

Applicant(Print): \_\_\_\_\_  
Date: \_\_\_\_\_

Applicant(Sign): \_\_\_\_\_

I have read and understand the listed requirements and see the benefits of utilizing DREs within my agency. I support the Drug Evaluation and Classification Program in Missouri and recommend this officer for DRE training.

Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

Head of Agency: \_\_\_\_\_

Date: \_\_\_\_\_